

Return to:

Attn: _____

Fax: _____

FAMILY INVESTMENT ADMINISTRATION
VERIFICATION OF ACTIVITY PARTICIPATION

Name: _____ D.O.B. ____ / ____ / ____ Last 4 digits of SSN: _____

To verify participation in an activity, this form must be completed/signed by both the Participant and Supervisor and can be used for combined activity reporting.

☐ I take part in the activity or activities listed below.

Participant's Signature: _____ **Date:** _____

1 To be completed by the Participant: (complete for each volunteer, education, job readiness or work activity)					
Activity Type: (check one)	Volunteer	Education	Job Readiness	Work	
Name of organization:	Street Address:				
	City, State, Zip:				
Supervisor's name:					
Supervisor's phone number:					
To be completed by the Supervisor:					
What are the individual's participation hours per week? (example: 8:00 a.m. to 1:00 p.m./3 days per week)					
Hours:		days per week:			
My signature verifies that the information I have provided is true/correct and the individual named above currently participates for the reported number of hours/days per week.					
Supervisor's Signature: _____ Date: _____					

2 To be completed by the Participant: (complete for each volunteer, education, job readiness or work activity)					
Activity Type: (check one)	Volunteer	Education	Job Readiness	Work	
Name of organization:	Street Address:				
	City, State, Zip:				
Supervisor's name:					
Supervisor's phone number:					
To be completed by the Supervisor:					
What are the individual's participation hours per week? (example: 8:00 a.m. to 1:00 p.m./3 days per week)					
Hours per:		days per week:			
My signature verifies that the information I have provided is true/correct and the individual named above currently participates for the reported number of hours/days per week.					
Supervisor's Signature: _____ Date: _____					